June 2015 - Monthly Provider Support Call Summary

Please share with your case managers and administrative staff or other employees.

Each month the WDH-Behavioral Health Division holds a monthly provider support call to let providers know what is going on and give additional clarification on items that have been released. **The next call is Monday, Aug 31 at 2 pm.**

CALL TOPICS & SUMMARY

Case Manager continued education requirement

The case management team has determined that case managers who take college credits to satisfy their required course work to be a case manager can apply those same credits to the required 8 hours of continued education. Currently, 1 college credit hour is equal to 15 clock hours of training. The courses must be taken in a related human service field per the conflict free case management model.

Continued education requirements for employees through Self Direction

- For employees providing Individual Habilitation Training services through Self Direction, the continued education requirement is the same. The employee must obtain a minimum of eight hours of continued education training from the time they begin providing this service.
- The employer of record is responsible for ensuring their employees have met these requirements and a copy of the training certificates must be given to the case manager for review and submission to their area provider support specialist.
- In the event these requirements are not met, the employee cannot continue to provide the service and PPL will pend the time sheets for that service.

Adding new service site locations

The Division would like to remind all providers that per Chapter 45 Medicaid rules, when providers wish to add a new service location or change their existing service location, they must provide the Division with at least 30 days written notice before the location is to be used to provide services. In addition, providers must have the new location inspected by an outside entity and develop emergency plans specific to the new location. The provider shall not provide billable services in the new location until the Division has reviewed the external inspection report and has verified that all recommendations have been addressed.

Leap Year IBA

The Division is going to use savings realized from the waiver redesign to fund the extra day of services requires for Res Hab on February 29, 2016. Case Managers will need to do a mod since the plan will not process if the plan is over IBA and the PSS will do a policy exception to document the change. Only one extra day of Residential services will be covered at this time if the person's budget cannot allow for the extra day. No day services or other services will be adjusted.

Appropriate Tier Assignments for Residential and Day Services

Some participants have higher tiers of services on their plans due to having an "in-between" level of service need score. As the Division implemented the new tiered structure for day services and residential services, we allowed teams to choose the rounded up residential tier for a person if it was appropriate for the person's needs and fit within their budget. Teams then began doing this for day services tiers as well. The higher tiers are not always justified in the service plan and our Provider Support and Participant Support Specialists are not always seeing the higher level of support being provided for many of these cases when reviewed. The other issue that this has caused is that the Individual Budgeted Amount (IBA) is being utilized prematurely and participants' services are not properly budgeted for the entire year.

Therefore, the Division wants to ensure that participants' budgets are adequately distributed throughout the year and that the appropriate service tiers are justified on plans of care. Here are some important reminders for teams to keep in mind:

First, the IBA is the budget limit for the year and Individualized Plan of Care (IPC) teams need to pick services and prioritize services within the assigned budget that will cover the whole year. The new IBAs were built from the number of units from the tier related to their service score. When they don't use that tier, the budget gets depleted quickly. The ECC will not review cases where a person's budget was not planned for appropriately.

Second, we are reminding case managers that they have a responsibility to oversee budget utilization and proper utilization of services. If there are concerns with overutilization, they must address it with the provider. The case manager may notify the Division if there are concerns with misuse or services not being provided properly per the team's discussion.

Third, for most adult day services, which are done in congregate settings and the supervision is flexible among several participants, the associated tier with their LSN score will be approved unless there are extraordinary circumstances for a higher tier. If the circumstances are due to higher supervision needs in the community, then adult day service is not the correct service for this support need and will not be approved.

Finally, we only allowed the highest tier of Community integration for scores 4 and below if the person will be solely in the community with staff or 1:2 and *it fits within their current budget.* We did not allow Adult Day Services or Prevocational Services to have level scores 4 or below use the highest tier.

Participant Support Specialists are rolling back plans to case managers if these situations are found. They will work with case managers to help providers understand these parameters on proper service utilization to avoid any provider getting services approved that do not match the participant's assessed level of service needs.

Day service unit limits we are watching

For people in fulltime residential, the day service total will need to be limited to about 35 hours a week (7280 units) unless there are additional employment services on the plan. When we approve more, then the state is likely paying for more than a day of services in a 24 hour period. Participants with higher budgets to use may want to use their budget to pursue some of the employment services or the community based tier at the higher level of community integration services to get the most out of their waiver services.

Rights restrictions

The intent of our state rules and the federal rules is to move to a more proactive and positive approach in behavior modification, teaching natural consequences and respecting participants' rights as adults. We encourage each participant to have a functional behavioral analysis prior to interventions being implemented so they can meet the requirements in regulation that require the team to "Document less intrusive methods of meeting the need that have been tried but did not work and Include a clear description of the condition that is directly proportionate to the specific assessed need."

However, if changes are needed to plans that have historically been written with many restrictions in them, the participant may need a slower step down treatment plan in order to be set up for success as the rights are restored to them. We would like to highly encourage thoughtful and careful changes to certain practices regarding food, possessions, and keys so that the participants receive training, visual cues/aides, and practice so they can responsibly exercise their rights to the fullest extent possible in a manner that will lead to the greatest success. The team should also be ready to document results of what has been tried and what the result is in case restrictions are needed or changed in the future. The plans will now have to document what has been tried as well as the other ways that people will intervene at the lowest level possible when a right must be restricted.

Can rights still be restricted by the Guardian?

Yes, rights may still be restricted by the Guardian in some instances, depending on the circumstances and justification for the restriction(s). The new federal rules do allow for a modification/restriction to the right as long as it is done in compliance with § 441.530(a)(1)(vi)(F) and § 441.710 (a)(1)(vi)(F):

> *(F) Any modification of the additional conditions, under paragraphs (a)(1)(vi)(A) through (D) of this section, must be supported by a specific assessed need and justified in the person-centered service plan. The following requirements must be documented in the person-centered service plan:*
>
> *(1) Identify a specific and individualized assessed need.*
>
> *(2) Document the positive interventions and supports used prior to any modifications to the person-centered service plan.*
>
> *(3) Document less intrusive methods of meeting the need that have been tried but did not work.*
>
> *(4) Include a clear description of the condition that is directly proportionate to the specific assessed need.*
>
> *(5) Include regulation collection and review of data to measure the ongoing effectiveness of the modification.*
>
> *(6) Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.*
>
> *(7) Include the informed consent of the individual.*
>
> *(8) Include an assurance that interventions and supports will cause no harm to the individual.*

These eight (8) requirements must be met before limiting or modifying the rights of any individual, including possessions and how they furnish or decorate their living area. To clarify regarding condition #1 of a specific and individualized assessed need: The Division will not allow the presence of a condition or diagnosis to be enough to restrict the right all together, to an extreme by taking away all or almost all possessions, or restricting without a reasonable end date. Perceived rights restrictions for medical or health needs that are actually lifelong support needs can be addressed through the *Needs, Risks, and Restrictions* area and possibly in a positive behavior support plan, without *restricting* the person's right.

If a person's possessions may be used by the person to cause oneself or others harm, then the right may need to be restricted. If this is the case, the eight (8) conditions must still be met. Some of the restrictions we are seeing on plans go against person-centered planning practices, which is another requirement of the federal regulations: "The person-centered service plan must reflect the services and supports that are <u>important for</u> the individual to meet the needs identified through an assessment of functional need, as well as what is <u>important to the individual</u> with regard to preferences for the delivery of such services and supports."

If a guardian or provider imposes a monetary restriction on a participant, which may economically confine a person in an institutional manner from being able to access the community or partake in their preferred activities, then the restriction or behavior system based upon a monetary reward will not be allowed.

If a person's behavior plan involves a reward of food that the person should have access to anyway, the Division will not approve the plan.

A restriction cannot be based solely on a diagnosis, medical condition or a possible behavior that happens on occasion. Health and safety concerns addressed by a restriction must not be based on general fears or concerns because of the person's disability or be based on provider convenience because of other people served in the home. Any modification or restriction of a right must meet the federal requirements by February 28, 2016, but as plans are being reviewed now, the Division is asking case managers to re-look at many restrictions that may have been in plans for several years. If a restriction is in place due to guardianship and it may be life-long, the restriction must still be reviewed to see how the person can exercise the right to the fullest extent possible.

Can a guardian restrict a person's access to a phone or restrict phone calls, the right to access food and drink, and send and receive mail?

Sometimes! There may be a reason that a guardian restricts access to those items if the person under guardianship has acted in a way that may harm themselves or others by exercising those rights without a restriction. But the requirements to restrict the right listed in # 2 still apply. The plan of care must address what happened in the past and why the restriction is still needed. However, since individuals can learn new skills and possibly overcome certain mistakes of the past, the restriction should not be "lifelong" to the same extent that it is restricted today. By implementing supports, training and outlining how the person can exercise the right to access these things to the fullest extent possible, the person may be able to get the restricted lifted (even partially) in the future. The guardian may have the authority to restrict many of these things due to the court order, but the guardian, case manager and waiver providers have a responsibility to the participant to ensure everyone is respecting person-centered philosophies and serving the person in a manner that respects who they are, what they prefer, likes and dislikes (What is **important to** the person), as well as what is **important for** the person. The provider must also agree to implement the restriction, since some providers may not be willing to impose certain restrictive interventions onto participants. Teams may need to compromise on what can be done based on the setting that is chosen and the provider(s) that are chosen.

If the restriction is listed in the plan without proper justification or the 8 criteria met, the Division will roll it back without approval so the team can meet to discuss the restriction and see if there is other information or strategies that should be included prior to the restriction being allowed. The Division may also involve the Division Psychologist to review the behavior plan for more guidance and suggestions.

An area where the Division will likely need more information is if a person is required to be on a strict diet or have food locked up. These type of restrictions need a doctor's input and documentation so there is more context and justification to the type of restriction and also so the restriction is only implemented to the extent necessary for the person's health and safety—and not overly restrictive for provider convenience or the needs of others in the same location.

When a participant's behavior may cause harm to the person or others, and the restrictive intervention imposed may be a restraint, the guardian (and IPC Team) who is requesting or authorizing this level of intervention from a community based service provider may be encouraged by the Division to review our Positive Behavior Support Plan Workbook for additional strategies and guidance. The Division may also talk to the case manager and guardian about getting their guardianship court order updated to add more specific authority to authorize the use of restraints on their ward due to the very restrictive nature of this type of support in a non-institutional setting.

There will be a new process requirement for providers called Variance Reporting coming in August. Please look for that bulletin in mid-August.

ASK FOR QUESTIONS - Jamie
Unmute the phones (pressing 99) to see if providers have additional questions and one person shall be assigned to record the question and answer, if one is given.

WRAP UP -Jamie
Next call is Monday August 31 at 2 pm.

Monthly Support call notes are posted to our website:
http://health.wyo.gov/ddd/ComprehensiveandSupportsWaiver.html

Thank you for reading and for making time to call in each month!